SEC Form 4							
FORM 4	UNITED STA	TES SECURITIES AND EXCHANGE CON Washington, D.C. 20549		OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		The section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	ERSHIP	OMB Number: Estimated ave hours per resp	rage burden		
1. Name and Address of Reporting Pers <u>GRAYZEL DAVID S.</u>	son*	2. Issuer Name and Ticker or Trading Symbol Aerovate Therapeutics, Inc. [ AVTE ]	(Check all ap	hip of Reporting Perso pplicable) ector	n(s) to Issuer 10% Owner		
(Last) (First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/05/2024		ficer (give title low)	Other (specify below)		
C/O AEROVATE THERAPEUTICS, INC. 930 WINTER STREET, SUITE M-500 (Street)		4. If Amendment, Date of Original Filed (Month/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>✓ Form filed by One Reporting Person Form filed by More than One Reporting Person</li> </ul>				
WALTHAM MA	02451	Pula 1065 1(a) Transpotion Indication	Pei				
(City) (State)	(Zip)	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst		uction or written plan that	is intended to		
	Fable I - Non-Deriva	ative Securities Acquired, Disposed of, or Benefi	cially Own	ned			

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130. 4)			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Expira		Expiration Da	Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$18.9	06/05/2024		A		12,500		(1)	06/04/2034	Common Stock	12,500	\$0	12,500	D <sup>(2)</sup>	

Explanation of Responses:

1. The shares subject to this option will vest and become exercisable in full on the earlier of (i) June 5, 2025 or (ii) the next annual meeting of the Issuer's stockholders, subject to the Reporting Person's continued service through the applicable vesting date.

2. This option was granted to the Reporting Person, a director of the Issuer. The proceeds of any sale of shares of common stock issued to the Reporting Person upon exercise of this option will be transferred to Atlas Venture Life Science Advisors, LLC and as such, the Reporting Person disclaims ownership of such securities reported herein for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, except to the extent of his pecuniary interest therein, if any.

## /s/ Ommer Chohan, Attorney-06/07/2024

Date

in-Fact \*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.